



ATHLETIC DIVISION

805 Central Avenue, Two Centennial Plaza
Cincinnati, OH 45202
(513) 352-4020 (513) 352-1605 FAX

www.cincyrec.org

athletics@cincinnati-oh.gov

League_____

Tournament_____

TEAM NAME: _____

SPORT: ADULT WINTER BASKETBALL

CIRCLE ONE: MEN _____ WOMEN _____ DIVISION _____ UNIFORM COLOR _____

Manager_____	Alternate Manager_____
Address_____	Address_____
City, State, Zip_____	City, State, Zip_____
Phone: (H)_____ (W)_____	Phone: (H)_____ (W)_____
E-mail address_____	

Are you a new team? _____ Old team? _____ What league were you in last year? _____

What was team name? _____ What division? _____

Remarks: _____

1 st Choice	2 nd Choice	3 rd Choice
Day _____	Day _____	Day _____
Location _____	Location _____	Location _____

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FOR OFFICE USE ONLY

Method of Payment: Check/M.O. # _____ Cash MasterCard/VISA# _____

If Company check, name of company _____ Address _____

League Fee	Forfeit Fee	Tournament Fee
\$ <u>250.00</u> _____ + \$ <u>50.00</u> _____ = \$ <u>300.00</u> _____		
DEPOSIT TO: 323 X__ 197 X__ 8720 ____ X__		
(FUND) (AGENCY) (ORGANIZATION) (EXPENSE) (RPTG CAT)		

(**NOTE: Any refunds will be payable to the maker of the check)